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SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER Lyman County Herald		2. DATE 9-19-19
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $ 40
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 223 N Main, Presho SD 57568		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 223 N Main, Presho SD 57568		
6. FULL NAME OF PUBLISHER: K.L.H, LLC Kim + Lucy Halverson		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME / COMPLETE MAILING ADDRESS		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1000	1000
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	68	68
2. Mail Subscription (Paid and or requested)	752	711
3. Paid Electronic Copies	20	27
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	840	806
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	8	8
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	14	14
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	862	828
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	50	60
2. Return from News Agents	108	139
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1020	1027

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

publisher/Owner
(Title)

State of South Dakota)
§
County of Brule)

Sworn to before me this 27 day of Sept, 20 18

Kay G Anderson
Notary Public

(Seal)

My commission expires: 5-4-21

Form: SOS REC 051 9/2016